

RGEN_ID_SEQ# 211532

BOARD OF PAARP

LICENSE NUMBER

10

 REGISTERED WITH MT SEC OF STATENAME OF APPLICANT BUILDING BRIDGES, INC.DATE RECEIVED 6/26/2008 DATE APPLICATION EXPIRES _____Other Names Known As or
DBA: _____**APPLICATION** COMPLETED APPLICATION FEES RECEIVED REGISTRATION FEE - 0-10 \$500.00 LICENSE FEE - 0-10 \$260.00 REGISTRATION FEE - 11-50 \$3,000.00 LICENSE FEE - 11-50 \$800.00 REGISTRATION FEE - 51-100 \$6,000.00 LICENSE FEE - 51-100 \$1,600.00 REGISTRATION FEE - 101 + \$9,000.00 LICENSE FEE - 101 + \$2,400.00 OWNERS LISTED EMPLOYEES LISTED PLAN OF OPERATION INCLUDEDACCREDITING ENTITY NATSAP**OTHER REQUIREMENTS** PERSON IN CHARGE Background CheckKURTIS FAIRBANK 1205-LAC 6/30/09**LICENSE HISTORY** LICENSE VERIFICATION
RECEIVED

LIST STATE OR STATES LICENSED

LEGAL ACTION STATE DISCIPLINARY
ACTION MISCELLANEOUS COURT
DOCUMENTS OTHER#13 (a) "yes" (b) "yes" Steve Fairbank**PERSONNEL INFORMATION** PERSONAL HEALTH
ISSUES IMPAIRMENT ISSUES OTHERSteve Fairbank 407-LAC 6/30/08 BOARD LETTERS TO
APPLICANT**CORRESPONDENCE**DATE
COMPLETEDATE GIVEN
TO PMAPPLICATION
REVIEWED BY

INITIALS AND DATE

APPLICATION
REVIEWED BY

BOARD APPROVAL AND DATE

APPROVED

INITIALS AND DATE

 DATA COMPLETED IN
COMPUTERWALL CERTIFICATE AND
LICENSE SENT

P1.1

**TANA BOARD OF PRIVATE ALTERNATIVE ADOLESCENT
OUTDOOR PROGRAMS
(301 S PARK, 4TH FLOOR - Delivery)
PO Box 200513
Helena, Montana 59620-0513**

PHONE (406) 841-2392 or (406) 841-2369 FAX (406) 841-2305
EMAIL: dlbsdpap@mt.gov WEBSITE: <http://www.paarp.mt.gov>

RECEIVED
DEPT. OF LABOR & INDUSTRY
BUSINESS STANDARDS DIVISION

JUN 23 2020

CHARGE NO. 2633
AMOUNT \$380.00

PROVISIONAL & LICENSING REGISTRATION (Include copies of all requested documentation)

AVERAGE DAILY CENSUS:

0-10 Participants 11-50 Participants 51-100 Participants 101+ Participants

1. BUSINESS ENTITY: Sole Proprietorship Partnership Other _____
 Limited Liability Professional Corporation Non-Professional Corporation

2. BUSINESS STATUS: Non-Profit For Profit In-State Out-of-State

If the Business is incorporated out-of-state, list the state of incorporation Montana

Please provide the address of your Corporate Headquarters PO Box 1310, 100
Graves Creek Rd, Thompson Falls, MT 59873

3. DATE BUSINESS ESTABLISHED	<u>Sept. 1996</u>	Registered in Montana with the Secretary of State? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. BUSINESS ENTITY NAME	<u>Building Bridges, Inc.</u>	
5. FEDERAL TAX ID #	<u> </u>	OR SOCIAL SECURITY # <u> </u>
6. BUSINESS PHYSICAL ADDRESS	<u>100 Graves Creek Rd</u>	
7. BUSINESS MAILING ADDRESS	<u>PO Box 1310</u>	
8. BUSINESS TELEPHONE NUMBER	<u>(406)827-9853</u>	FAX <u>(406)827-9854</u>
9. BUSINESS EMAIL ADDRESS	<u>Buildingbridges@blackfoot.net</u>	
10. BUSINESS WEB SITE:	<u>Buildingbridgesinc.net</u>	

Would you like your website address listed on the Montana Board of Private Adolescent Residential or Outdoor Programs Website? Yes No

11. LIST ALL OWNER'S NAMES OR IF YOUR BUSINESS IS A CORPORATION, LIST ALL OFFICER'S NAMES: (Please provide other names on a separate sheet of paper and attach to the registration application.)

LAST NAME	FIRST NAME	MI	PHONE NUMBER	CREDENTIAL NUMBER, LICENSE NUMBER, & STATE
FAIRBANK	STEVE	W	406 827 9853	MT #407 NATL #011120
FAIRBANK	TILL	M	S.A.A.	
FAIRBANK	KURT	H	S.A.A.	MT #1205

12. PLEASE NAME THE INDIVIDUAL WHO IS RESPONSIBLE FOR THE CONDUCT OF THE PROGRAM
(Please complete the "Individual Employee Report Form" on Page 7.)

Kurtis Fairbank Clinical Director 406.827.9853
 Name Position Contact Phone Number

13. PLEASE LIST ALL CURRENT PROFESSIONAL AND SUPERVISORY EMPLOYEES AND RELEVANT CREDENTIALS AND OTHER QUALIFICATIONS: Please provide other qualifications on a separate sheet of paper and attach to registration application. (Please have each listed employee complete the "Individual Employee Report Form" on Page 7).

LAST NAME	FIRST NAME	MI	LICENSE NUMBER, AND STATE WHERE LICENSED	POSITION
FAIRBANK	STEVE	W	#407 - MT 011120 - NATL	Director
FAIRBANK	KURT	H.		Clinical Director
FAIRBANK	TILL	M.	N/A	ADMINISTRATOR
DAY	Jim		N/A	Director of Operations
Buehwinkel	Andy		N/A	Academic Coordinator

Please make copies of this page as needed.

For the individual named in Question number 12. (person responsible for the conduct of the program), and each current professional and supervisory employee listed in your answer to Question number 13, please list the following: (*Please use the "Individual Employee Report Form" (Page 7) for each person named in question #12 and 13.*)

a. List all other professional licenses (other than your original state of licensure) that the listed individuals have held and that have been current (whether active or inactive) at any time during the past five (5) years. If you need additional space, you may attach a separate sheet of paper. **Failure to list all licenses active or inactive during the previous five years constitutes a falsification of your application and will result in a denial of your application and/or disciplinary action.**

b. For each individual, professional or supervisory personnel referenced in your answers, indicate whether a licensing agency has ever taken adverse or disciplinary action against the listed person's license. (For each person listed above and where the answer is "yes" attach agency documents filed in the action including all complaints, Initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.) Yes No

c. For each individual, professional or supervisory personnel referenced above, indicate whether he/she has ever voluntarily surrendered, cancelled forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint, during an investigation or during disciplinary proceedings. (If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations, along with agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.) Yes No

d. Has any legal or disciplinary action been filed against a person/individual referenced above, (including malpractice, etc.)? If yes attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations. Yes No

14. Please list whether your program/facility is accredited/certified/licensed/registered; including registration or licensing through another state agency in Montana.

Name of Accrediting/Certifying/Licensing/ Registering Agency	Designation	Date Granted or Re-certified	Current
MT Registered #10	B.S. R.A. A.Ro.P.	1/26/06	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

15. Please list whether your business entity/program is or has been licensed in another state. List all other professional licenses (other than your original state of licensure) that the listed business entity/program has held and that has been current (whether active or inactive) at any time during the past five (5) years.

Business Name of Program	State in which licensed	Date of licensure	Type of License	License number
Building Bridges	N/A		N.A.T.S.A.P. Cert. Full Member	N/A

16. Has a licensing agency ever taken adverse or disciplinary action against your business entity license? (For each person listed in 12. or 13., and where the answer is "yes" attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.)

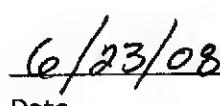
Yes No

DECLARATION

As the Person-in-Charge, I authorize the release of information concerning the record, character, license/registration history and competence of this facility, by anyone who might possess such information, to the Montana Board of Private Alternative Adolescent Residential or Outdoor Programs.

I hereby declare under penalty of perjury the information included in this application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or incomplete answer to any question may lead to denial of this application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the licensing laws of the State of Montana and instructions to applicants for registration. I accept the rules and procedures outlined in these documents as the basis for this application.


Signature of Person-in-Charge


Date

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INDIVIDUAL EMPLOYEE REPORT FORM

Please use this form in answering #12 and #13, (a), (b), (c), and (d) on page 5 of the application for each employee and the person-in-charge of the program. Please make copies as needed and attach to application.

Employee Name

OTIEDE Fairbank

Position

Owner/Director

a. Professional licenses held (active or inactive) at any time during the past five (5) years.

TYPE OF LICENSE	STATE OF LICENSE	ACTIVE/INACTIVE/EXPIRED	DATE OF LICENSE AND EXPIRATION
L.A.C.	MT.	ACTIVE # 407	1984 - START Expires - 6/30/08
NCAC.II	National	Active * 011120	3/31/96 Expires 3/10

b. Has a licensing agency ever taken adverse or disciplinary action against your license(s)?

If "yes" please attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

Yes No

over 6 yrs ago

c. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint during an investigation or during disciplinary proceedings.

Yes No

If "yes", attach a detailed explanation identifying each occasion, the date and the substance of the allegations, along with agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

d. Has any legal or disciplinary action been filed against you, (including malpractice, etc.)?

If "yes", attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.

OTIEDE Fairbank

Signature

6/23/08

Date

- B. State of Montana is holding all documentation from that time period.
See Cynthia Breene if any questions.

- C. Result was stipulated on my license that I will not counsel females.
Documents same as above.

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Employee Name KURT FAIRBANK

Position Clinical Director

a. Professional licenses held (active or inactive) at any time during the past five (5) years.

TYPE OF LICENSE	STATE OF LICENSE	ACTIVE/INACTIVE/EXPIRED	DATE OF LICENSE AND EXPIRATION
L.A.C.	Montana	ACTIVE	7/10/07 EXP. 6/30/09

b. Has a licensing agency ever taken adverse or disciplinary action against your license(s)?

Yes No

If "yes" please attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

c. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint during an investigation or during disciplinary proceedings.

Yes No

If "yes", attach a detailed explanation identifying each occasion, the date and the substance of the allegations, along with agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

d. Has any legal or disciplinary action been filed against you, (including malpractice, etc.)?

If "yes", attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.

Kurt Fairbank

Signature

6/18/08

Date

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Employee Name Jill Fairbank

Position Administrative Assistant

a. Professional licenses held (active or inactive) at any time during the past five (5) years.

TYPE OF LICENSE	STATE OF LICENSE	ACTIVE/INACTIVE/EXPIRED	DATE OF LICENSE AND EXPIRATION

b. Has a licensing agency ever taken adverse or disciplinary action against your license(s)?

If "yes" please attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

Yes No

c. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint during an investigation or during disciplinary proceedings.

Yes No

If "yes", attach a detailed explanation identifying each occasion, the date and the substance of the allegations, along with agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

d. Has any legal or disciplinary action been filed against you, (including malpractice, etc.)?

If "yes", attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.

Jill Fairbank
Signature

6-24-08

Date

● Related experience;

1987-1993 Administrative Assistant for Wilderness Treatment Center. Duties included; Admissions of patients, office manager, typing dictation, telephones, filing, book keeping/record keeping, scheduling appointments, supervision of dietary and house cleaning staff.

1996- present Administrative Assistant for Building Bridges, Inc. Screening admissions, parent and referent phone communication, maintaining student record, overseeing Academic Coordinator with public school and the student's individual needs, developing and implementing weekly menu and food supplies, staff scheduling, dispensing medication to students, setting appointments for students medical needs, bookkeeping, payroll and also transportation.

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Employee Name

Jim Day

Position

Director of Operations

a. Professional licenses held (active or inactive) at any time during the past five (5) years.

TYPE OF LICENSE	STATE OF LICENSE	ACTIVE/INACTIVE/EXPIRED	DATE OF LICENSE AND EXPIRATION
N/A			

b. Has a licensing agency ever taken adverse or disciplinary action against your license(s)?

Yes No

If "yes" please attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

c. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint during an investigation or during disciplinary proceedings?

Yes No

If "yes", attach a detailed explanation identifying each occasion, the date and the substance of the allegations, along with agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

d. Has any legal or disciplinary action been filed against you, (including malpractice, etc.)?

If "yes", attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.

Jim Day
Signature

6/23/08
Date

● Related experience:

Six years experience working with troubled teens in a variety of roles, support staff, transportation, etc. Currently working toward a AA degree in Counseling with overall goal of achieving my license as an Addiction Counselor. Have completed one year successfully.

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Employee Name Andy Burwka

Position Academic Coordinator

a. Professional licenses held (active or inactive) at any time during the past five (5) years.

TYPE OF LICENSE	STATE OF LICENSE	ACTIVE/INACTIVE/EXPIRED	DATE OF LICENSE AND EXPIRATION

b. Has a licensing agency ever taken adverse or disciplinary action against your license(s)?

Yes No

If "yes" please attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

c. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint during an investigation or during disciplinary proceedings.

Yes No

If "yes", attach a detailed explanation identifying each occasion, the date and the substance of the allegations, along with agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

d. Has any legal or disciplinary action been filed against you, (including malpractice, etc.)?

If "yes", attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.


Signature

6/24/08
Date

Relevant Experience

- 21 months experience working with troubled teens; creating education plans designed to help recover lost time and credits and re-integrate them into the public school system as rapidly as possible.
- Four years experience as a technical trainer creating and implementing technical training to adults and teens.
- Three years counseling adults and teens in employment seeking skills – resume writing, interview skills, letter writing, etc.
- Two years tutoring high school and junior high school students.


6/24/08